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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2009		2818.2410000/BJD	
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>			
Application Number 10/550,638		Filed June 20, 2006	
For Detergent Composition or Component Thereof			
Art Unit 1796		Examiner Douyon, Lorna M.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ <u>1,110.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	Refund Ref: 09/24/2009 \$1175	\$ <u>0030074785</u>

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. **FROM PTO-2038 NUMBER**

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-0036.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 42,473

September 8, 2009

Signature _____ Date _____

Brian J. Del Buono (202) 371-2600

Typed or printed name Telephone Number

Adjustment date: 09/24/2009 CKHLOK
08/08/2009 10:55:00
02 FC:1253 00000000 10550030
-1110.0

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative signature is required, see below.

☒ Total of One (1) forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: 09/23/09		2 Serial/Patent # 10/550,638								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
X	Extension of Time	IFW	09/08/09	\$ 1,110.00						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ 1,110.00						
		8 TO BE REFUNDED BY: CREDIT CARD								
10 REASON:		Treasury Check								
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>					--			
		--								
X	No Fee Due (Explanation):									
Outside maximum period obtainable.										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: Patricia Faison-Ball		TITLE: Attorney								
SIGNATURE: <i>Patricia Faison-Ball</i>		PHONE: 2-3212								
OFFICE: PETITIONS										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <i>CRH/OK</i>		DATE: 9/24/09								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: